File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR -5 AM 10: 28 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 200512** 1a. Principal Place of Business Address METEC ASSET MANAGEMENT, L.C. 1000 BRICKELL AVE., STE 450 1000 BRICKELL AVE., STE 450 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/03/1992 \mathbf{FL} Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0349585 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 07/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name TORANO, ARTHUR J 1000 BRICKELL AVE., STE 450 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Suite, Apt. #, etc City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Bog stared Agents greature require 1 when remaining) 🕊, Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGRM METEC ASSET MANAGEMENT 1000 BRICKELL AVE. STE. 45 MIAMI FL MGRM TORANO, ERIC J 1000 BRICKELL AVE., STE 45 MIAMI FL 500002:8423:45---04/16/33--01030--001 ****197.50 ****197.50 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee employees to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

KONATURA AND TYPED OR PRINTED NAME OF SICINIDA MANAGERY MEMBER OF MAZIA

JNHSE10 R (12-98)

SIGNATURE: